

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

May 28, 2014

Ms. Morgan Bovat, Administrator  
Brownway Residence  
328 School Street  
Enosburg Falls, VT 05450-5500

Dear Ms. Bovat:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 30, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

PC:jl

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 04/30/2014
NAME OF PROVIDER OR SUPPLIER  BROWNWAY RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 328 SCHOOL STREET ENOSBURG FALLS, VT 05450		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced on-site visit was conducted by the Division of Licensing and Protection on 4/30/14 to investigation complaints #9777 and #11645. The following regulatory violations were identified related to complaint #11645.	R100	Please see attached plans of correction.	
R126 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.5 General Care  5.5.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review staff failed to provide consistent care to meet the needs of one resident. (Resident #1). Findings include:  Per review of a video recording Resident #1, whose care plan directed that 1 staff member assist toileting him/her every two hours, did not leave his/her position for a period of greater than 4 hours on the evening of 4/21/14. The resident, whose most recent Resident Assessment, completed on 6/12/13, identified him/her as having frequent bladder incontinence and occasional bowel incontinence, remained seated in the same chair in a common area of the facility between the hours of 6:00 PM and 11:00 PM and staff approached the resident on only 2 occasions during that time period.	R126		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6900

XOCU11

If continuation sheet 1 of 4

R126, R179 POC accepted 5/21/14 BHowern/pmc

pmc

Division of Licensing and Protection

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R128	Continued From page 1  During interview on the afternoon of 4/30/14 caregivers #1, #2 and #3, all of whom worked the evening of 4/21/14, and were responsible for providing care to Resident #1, confirmed that they had not offered to assist the resident to the bathroom between 6:00 PM and 11:00 PM that evening.	R126		
R179 SS=B	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:  (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.	R179		

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R179	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review the facility failed to assure that all staff had received training in the facility's policies and procedures related to abuse, neglect and exploitation, prior to providing direct care to residents. Findings include:</p> <p>Per staff interview and review of a video recording Resident #1 was not provided assistance to use the bathroom every two hours, in accordance with his/her care plan, for a period of greater than 4 hours between 6:00 and 11:00 PM on the evening of 4/21/14. Per record review there was no evidence that Caregiver #1, who had shared responsibility for the care of Resident #1 on the evening of 4/21/14, had received training regarding the facility's policies and procedures for abuse, neglect and exploitation prior to providing direct care to residents in the facility.</p> <p>During interview on the afternoon of 4/30/14 caregiver #1 stated that s/he had been hired in November of 2013 to work in the kitchen and then began providing direct care to residents a "couple of weeks" before the incident on 4/21/13. S/he further stated that, although s/he had received training regarding the facility's policies for abuse, neglect and exploitation following the incident that occurred on 4/21/14, s/he had not received that training prior to providing direct care to residents.</p> <p>The Executive Director confirmed, during interview on the afternoon of 4/30/14, that training in the facility's abuse, neglect and exploitation policies and procedures had not been provided to Caregiver #1 prior to providing direct care, and that although caregivers receive orientation and</p>	R179			

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R179	Continued From page 3  training in the general care of residents prior to providing direct care, neglect, abuse and exploitation training is not currently included in the orientation process.	R179			

**R126**

**5.5.a Upon a residents admission to a residential care home, necessary services shall be provided or arranged to meet the residents personal, psychosocial, nursing and medical care needs.**

**1. Action to correct the deficiency**

Caregiver #1, #2 and #3 received written coaching/supervision for not providing the care outlined in the plan of care. The coaching and supervision included an unpaid suspension and an educational component regarding Abuse, Neglect and Exploitation.

**Expected completion date: Completed (4/22/2014)**

**2. Measures to assure that it does not recur**

Staff must initial a toileting schedule every two hours in addition to documenting the need for Q 2 hour toileting on their flow sheets (see attachment #1). All toileting schedules will be maintained in a toileting schedule binder with the resident flow sheets.

**Expected completion date: Completed (5/20/2014)**

**3. How corrective actions will be monitored**

Toileting schedules will be monitored by nursing to ensure that residents are being toileted as their plan of care indicates. Audits will be done by nursing to ensure that staff are maintaining accurate records and following through with the plan of care.

**Expected completed date: Ongoing**

**R179**

**5.11.b The Home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents.**

**1. Action to correct the deficiency**

The Training Competency Form has been updated to reflect additional areas of competency (see attachment #2). All new hires are required to sign off acknowledging comprehension of the topics covered. Additionally, new hires will sign off acknowledging that they received a full orientation prior to completion of their training period.

**Expected completion date: Completed (5/5/2014)**

**2. Measures to assure that it does not recur**

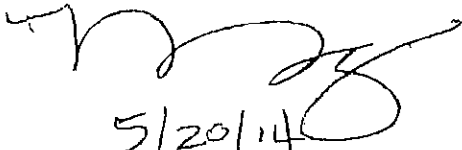
The business office has added this to all New Employee folders.

**Expected completion date: Completed (5/5/2014)**

**3. How corrective actions will be monitored**

All in-service tracking and new employee paperwork is completed by the business office and is managed by the Business Office Manager.

**Expected completed date: Ongoing**

  
5/20/14

# TOILETING SCHEDULE



DATE:

Time	Initials	Toileted (Y/N)	If "No", please provide a reason
0000			
0200			
0400			
0600			
0800			
1000			
1200			
1400			
1600			
1800			
2000			
2200			

DATE:

Time	Initials	Toileted (Y/N)	If "No", please provide a reason
0000			
0200			
0400			
0600			
0800			
1000			
1200			
1400			
1600			
1800			
2000			
2200			

DATE:

Time	Initials	Toileted (Y/N)	If "No", please provide a reason
0000			
0200			
0400			
0600			
0800			
1000			
1200			
1400			
1600			
1800			
2000			
2200			

DATE:

Time	Initials	Toileted (Y/N)	If "No", please provide a reason
0000			
0200			
0400			
0600			
0800			
1000			
1200			
1400			
1600			
1800			
2000			
2200			

DATE:

Time	Initials	Toileted (Y/N)	If "No", please provide a reason
0000			
0200			
0400			
0600			
0800			
1000			
1200			
1400			
1600			
1800			
2000			
2200			

DATE:

Time	Initials	Toileted (Y/N)	If "No", please provide a reason
0000			
0200			
0400			
0600			
0800			
1000			
1200			
1400			
1600			
1800			
2000			
2200			

RESIDENT: \_\_\_\_\_



# TRAINING COMPENTENCIES

Training Dates:

	Emergency Book Location/Review of Policies	Communication Book, Shift Assignments, PAR, TAR, Monthly VS	Answering Phone, Transferring Calls, Putting Calls on Hold	Review of break times, smoking areas, confidentiality	Review of APS Policy	Review of Resident Rights	Review of Schedule and call out policy	Review of In-Service Calendar
First Demo								
Return Demo								
	Call Bell System	Making a bed properly	Laundry Procedure	Trash and Recycling Procedure	Safety Checks Procedure / Forms	Hydration Cart	Tollating Schedule and Repositioning Schedule	Hospice Care/End of Life Care
First Demo								
Return Demo								
	Transfers	Ambulation with & without a gaitbelt	Bathing	Toileting	Denture Care	Ted Hose	Cath Care (to include bag changes)	Colostomy Care
First Demo								
Return Demo								

\*\* Both the first demo and return demo must be dated and initialed by the trainer. They do not necessarily need to occur on the same day however must be completed by final training date.

Trainer \_\_\_\_\_ Date \_\_\_\_\_

Trainee \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

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